

Montana Communicable Disease Weekly Update:

Summary of MMWR Weeks 48 and 49 ending 12/04/2010 and 12/11/2010

Release date 12/20/2010

DISEASE INFORMATION

Summary – MMWR Week 48 - Ending 12/04/10 – Disease reports received at DPHHS during the reporting period November 28th through December 4th, 2010 included the following:

- Vaccine Preventable Diseases: Pertussis (16), Varicella (3)
- Invasive Disease: *Streptococcus pneumoniae* (1)
- Enteric Diseases: Campylobacteriosis (1), Salmonellosis (3), Shiga toxin-producing *E. coli* non-O157 (1)
- Other Conditions: Hepatitis C, acute (1), Kawasaki disease (1)
- Animal Rabies: (0)
- Travel Related Conditions: (0)

Summary – MMWR Week 49 - Ending 12/11/10 – Disease reports received at DPHHS during the reporting period December 5th through December 11th, 2010 included the following:

- Vaccine Preventable Diseases: Pertussis (6), Varicella (1)
- Invasive Disease: *Neisseria meningitidis* (1)
- Enteric Diseases: Campylobacteriosis (6), Cryptosporidiosis (2), Giardiasis (2), Salmonellosis (1), Shiga toxin-producing *E. coli* O157:H7 (1), Shigellosis (1)
- Other Conditions: (0)
- Animal Rabies: (0)
- Travel Related Conditions: Malaria (1)

NOTE: The attached report has multiple pages reflecting the following information: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases YTD; (3) cases just this past reporting week; (4) clusters and outbreaks; and (5) an STD summary.

THE “BUZZ”

Influenza Season 2010-11 – As of December 11, nine cases of influenza were confirmed in Montana. Of these, seven were seasonal type A/H3 and one was type A/H1. Five cases were reported from Gallatin County, and one each from Missoula, Wheatland, and Yellowstone Counties.

Influenza vaccination is the most effective method for preventing illness from influenza virus infection and avoiding influenza complications. It's not too late to be vaccinated! Vaccination should continue throughout the season which typically ends in April. For information on current influenza vaccine recommendations and tools to assist in diagnostics, surveillance, school absenteeism reporting, and additional control and prevention measures, please visit: <http://www.dphhs.mt.gov/PHSD/epidemiology/cdepi-influenza.shtml>. In addition, the CDC has released new information as part of National Influenza Vaccination Week (<http://www.cdc.gov/flu/NIVW/index.htm>), including materials for faith based organizations (http://www.hhs.gov/fbci/Tools & Resources/pubs/seasonal_flu_guide.pdf) and businesses (http://cdc.gov/flu/pdf/business/Toolkit_Seasonal_Flu_For_Businesses_and_Employers.pdf).

Norovirus – Several norovirus outbreaks have recently occurred or are on-going in Montana. Two were confirmed in institutional settings in Cascade and Flathead Counties, and one in a public establishment in Missoula County. An additional gastrointestinal illness outbreak at a public establishment in Missoula County is pending norovirus confirmation.

Norovirus infections are caused by a diverse group of viruses previously called “Norwalk-like” viruses. They are recognized as one of the leading causes of non-bacterial gastroenteritis outbreaks in adults and children. Outbreaks in institutional settings and group events can result in large numbers of cases, and persist for several weeks. In Montana, norovirus gastroenteritis outbreaks are most common during the winter months; however, sporadic illness occurs year round. Visit <http://www.dphhs.mt.gov/PHSD/epidemiology/cdepi-norovirus.shtml> for norovirus facts and guidance on norovirus control and prevention.

Testing for norovirus is performed at the MTPHL. If an outbreak of gastroenteritis is suspected, consider including a norovirus test in addition to a bacterial enteric panel when testing patients for enteric pathogens. For norovirus testing, please submit a separate stool sample in a sterile container without transport media and transport on ice.

Pertussis – Increased pertussis activity is continuing in Montana and precautions must be emphasized. To prevent the spread of pertussis, health care professionals should:

- Make sure patients of all ages are up to date with recommended pertussis vaccines (**DTaP** for infants/children and **Tdap** for adolescents/adults. For immunization schedules visit: <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.
- Consider the diagnosis of pertussis in patients with >2 week long cough or post-tussive vomiting; and close contacts of pertussis cases. The diagnosis of pertussis is often delayed or missed. In the youngest infants, atypical presentation is common – the cough may be minimal or absent and the illness may present as apnea, hypoxia, or seizures.
- When testing for pertussis, use the correct tests: http://www.aphl.org/aphlprograms/infectious/Documents/Pertussis_Brochure-Final3.pdf
- Treat appropriately for pertussis. Because pertussis may progress rapidly in young infants, treat suspected and confirmed cases promptly: Treatment guidelines can be found by visiting: <http://www.cdc.gov/pertussis/clinical/treatment.html>
- Quickly report cases of pertussis to your local health department for assistance with prevention measures.

Pertussis surveillance case definition

Clinical Description

A cough illness lasting at least 2 weeks with one of the following: paroxysms of coughing, inspiratory "whoop," or post-tussive vomiting, without other apparent cause (as reported by a health professional)

Laboratory Criteria for Diagnosis

- Isolation of *Bordetella pertussis* from clinical specimen
- Polymerase chain reaction (PCR) positive for pertussis

INFORMATION / ANNOUNCEMENTS

2009 State Antibigram Released - The recently compiled 2009 state antibiogram has been posted at <http://mara.mt.gov/mara-news.shtml>. Vancomycin-resistant *S. aureus* is still being reported by some facilities. This is an unusual event that requires confirmation by referral to MTPHL (and subsequent referral to CDC). Please call MTPHL at 800-821-7284 with questions regarding reporting and referral of this isolate. The cumulative state antibiogram is presented to provide Montana clinicians and public health professionals with data to track antimicrobial susceptibility patterns, raise awareness of antimicrobial resistance, and to identify opportunities to reduce inappropriate antimicrobial usage. 2010 antibiograms will be requested from participating facilities in January 2011.

New STD Treatment Guidelines Released – The CDC has released *Sexually Transmitted Diseases Treatment Guidelines—2010*, which updates the 2006 *Guidelines*. The Guidelines are now available through CDC's [STD Treatment Guidelines 2010 webpage](#). From there you will be able to order hard copies of the report as well as wall charts and pocket guides. A podcast featuring lead author, Dr. Kimberly Workowski, is also posted. CDC is also developing iPhone and eBook applications. For more information, we encourage you to read the attached Dear Colleague Letter and visit our website for additional information and updates on all of these products.

Food preparation for large groups – The holiday season is an especially busy time for serving meals to large groups of people in many different venues. Often times, those handling the food do not have experience in large volume food preparation and service. Keeping large volumes of food safe for consumption is not always an intuitive process. Bacterial or viral contamination and associated foodborne illness outbreaks can easily occur if standard preparation procedures are not correctly followed. The USDA Food Safety Inspection Service (FSIS) has created several valuable guidelines providing information about cooking for groups. These include:

- “Cooking for Groups: A Volunteer's Guide to Food Safety” available in English, Spanish, and American Sign Language (video)
- Videos on Food safety at Pow Wows
- Internal cooking temperature charts
- Safety steps to a successful community meal

Please visit http://www.fsis.usda.gov/factsheets/Cooking_For_Groups_Index/index.asp to download these documents to learn more about safe food preparation for large groups.

24/7 AVAILABILITY

The Communicable Disease Epidemiology program is available 24 hours a day/7days a week/365 days a year. Please call 406.444.0273 if you need immediate communicable disease epidemiology assistance. The answering service will take a message and we will return the call as quickly as possible.

For CDEpi staff contact information and duties, please visit:

<http://www.dphhs.mt.gov/PHSD/Communicable-disease/documents/CDEpiStaffListOctober2010.pdf>

This newsletter is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>.